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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

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4

Application Number	10/681,033 (Confirmation #2724)
Filing Date	10/07/2003
First Named Inventor	Peter V. Czlopott
Art Unit	2862
Examiner Name	Bot L. LeDynch
Attorney Docket Number	MED/US-51

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B Fee Transmittal; Transmittal of Payment of Issue Fee; Check No. 3218; Return post card
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Firm Name			
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Date	November 9, 2007	Reg. No.	32,843

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Gerald W. Spinks	Date	November 9, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Peter V. Czipott, et al. )  
Application No.: 10/681,033 )  
Confirmation No.: 2724 ) Art Unit  
Filed: 10/07/2003 ) 2862  
For: MAGNETIC RESONANCE IMAGING SCREENING )  
METHOD AND APPARATUS )  
Examiner: Bot L. LeDynh )  
Date of Notice )  
of Allowance: 09/27/2007 )  
Attorney Docket: MED/US-51 )

TRANSMITTAL OF PAYMENT OF ISSUE FEE

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Alexandria VA 22313-1450

Sir:

The following are enclosed herewith:

- (1) The Part B Fee Transmittal;
- (2) Fees. Enclosed please find check No. 3218 in the amount of \$1740 to cover the Issue Fee and the Publication Fee. Please charge any deficiency in the Issue Fee or the Publication Fee, or credit any overpayment to Deposit Account No. 19-3795 (Gerald W. Spinks).

Please address all future correspondence in connection with the above-identified patent application to the address set forth below.

DATED this 9<sup>th</sup> day of November, 2007.

Respectfully submitted,



Gerald W. Spinks  
Attorney for Applicant  
Registration No. 32,843  
Customer No. 22,875

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